



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, LICENSURE UNIT

Check one:

- ☐ Initial License
☐ Change of Location
☐ Change of Ownership

Respite Care Service Licensure Application
IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Initial Licensure Fees:

Program through Volunteers	= \$50
Program with license capacity of 8-16	= \$250
Program with license capacity of 17-50	= \$350
Program with license capacity of 51 and up	= \$450

2. TELEPHONE NUMBER: _____ FAX NUMBER: _____
(Area Code) (Area Code)

E-Mail Address: _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
(If Not Individual)

4. ADMINISTRATOR: _____

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

6. TOTAL LICENSED CAPACITY: _____ (Specify Number)

7. Planned Occupancy Date: _____

8. FACILITY TYPE: ☐ FREE STANDING ☐ LOCATED IN LICENSED HEALTH CARE FACILITY

If in Health Care Facility what type: _____

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization) (Social Security Number if Individual)

ADDRESS: _____
(Street Address, City, State, Zip)

10. OWNERSHIP MAILING ADDRESS: _____
(If Different Than Above)

11. BUSINESS ORGANIZATION: (Check one)

- ☐ Sole Proprietorship
☐ Partnership
☐ Limited Partnership
☐ Corporation
☐ Limited Liability Company
☐ Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
☐ Other (Please Specify) _____

Financial Category

- ☐ Profit
☐ Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application documents are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit."

PRINT AUTHORIZED REPRESENTATIVE

SIGNATURE DATE

PRINT AUTHORIZED REPRESENTATIVE

SIGNATURE DATE